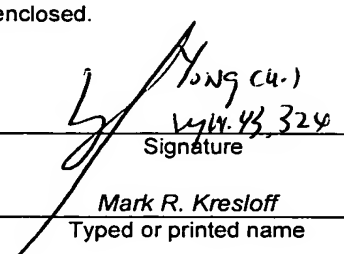




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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> 9988.075.00	
		In re Application of DO, Gi Hyeong	
		Application Number 10/716,444	Filed November 20, 2003
		For LAUNDRY DRYER AND CONTROL METHOD THEREOF	
		Art Unit 3749	Examiner GRAVINI, Stephen
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 510.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input checked="" type="checkbox"/> <b>Has been previously paid on February 7, 2008.</b>			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0911. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the		 Signature Mark R. Kresloff Typed or printed name (202) 496-7500 Telephone number September 15, 2008 Date	
<input type="checkbox"/> applicant /inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input type="checkbox"/> attorney or agent of record. Registration number			
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 42,766			
<b>NOTE:</b> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			



PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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Docket Number (Optional)

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Typed or printed name

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Telephone number

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Date

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☐ \*Total of 1 forms are submitted.